OSHA's Analysis of ETS

P. 3: 'dose limits' that would eliminate significant risk."

What is the industry's position to determine ETS exposure?

P. 4: The data from 13 other available studies

These studies should be cited!

P. 6: Many have never been tested in an inhalation system.

No relevant critic.

P. 8: (Epidemiology... 2-naphtylamine)

No relevant information.

P. 8: Any human lung carcinogenes among "list of 43" compounds?

P. 9: Studies indicate ... or mainstream smoke.

No comparison to SS possible (no undiluted SS in existancel)

P. 9-10: Concentrations of ETS ... air monitors.

Detection limits have no toxicological relevance.

P. 10: Studies based ... situation.

garbled?

Table I: Typical concentration and PELs or TLVs, would be helpful

P. 13: Where OSHA to apply ... level.

ETS as complex mixture can have a toxicity and a PEL independent of those of its components.

Table II: What are typical concentrations in ETS?

Are dimethylhydracine, nitropropane, and vinylchlorid constituants of ETS?

Table III: I zinc stearate in ETS?

P. 14: 100 to 1000 times greater

Can this be proven?

P. 19: and therefore cannot serve as a basis ...

It may serve to estimate maximum but not average exposure.

P. 25: Average levels of particles that are about 22 $\mu g/m^3$ of restaurants report levels that are 42 $\mu g/m^3$ higher,

This is significantly lower than exposure assumed by EPA, but not so different from OSHA's claim (18 to 95 μ g/m³).

P. 25: was 46 μg/m³, compared with an avergage of 20 μg/m³ for 254 non smoking offices

The level in non smoking offices is surprinsingly high! What was determined (RSP, UVP)?

P. 26: than those suggested in OSHA's proposed rule.

What figures are referenced?

P. 27: With the exception of nicotine, none of the substances used as markers ...

UVPM, FPM, Solanesol are more or less cigarette smoke specific.

P. 27: is characteristic of tobacco smoke in the ambient air, it represents ...

only true for ETSI

P. 31: ... and inconsistent with actual

Because no concentrations are reported, they cannot be inconsistent. Only the results can be not plausible.

P. 32: The questionnaires used in epidemiologic ...

Only true for these studies, not true for IARC studies.